

Brian Sandoval
Governor



Chris Perry
Director

Records and Technology Division
333 West Nye Lane, Suite 100
Carson City, Nevada 89706
Telephone (775) 684-6262 – Fax (775) 684-6265
www.nvrepository.state.nv.us

Patrick J. Conmay
Division Chief

January 31, 2012

RE: FBI Fee Change Effective March 19, 2012

Dear Civil Applicant Customer:

The Federal Bureau of Investigation (FBI) recently notified Records and Technology that they will be changing their fee structure for fingerprint based background checks. The fee for the State portion of the background check will not be changing.

Effective March 19, 2012, the new fee structure for the FBI portion will be based on the way the fingerprint cards are submitted as follows:

Method of Submittal	FBI Fee	State Fee	Total
LiveScan Electronically Submitted Prints	\$16.50	\$21.00	\$37.50
Manual Hard Copy Card Submitted Prints	\$27.50	\$21.00	\$48.50
Volunteers	\$15.00	\$18.00	\$33.00

Please note: In order to receive the benefit of the decreased fee for livescan prints, the fingerprinting agency must be able to submit electronically to DPS.

If you have any questions regarding the new fee structure, please feel free to contact our fiscal section supervisor at (775) 684-6239 or e-mail your questions to cschenkhuizen@dps.state.nv.us.

Sincerely,

Melanie Young
Administrative Services Officer II

Brian Sandoval
Governor



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Patrick J. Conmay
Division Chief

January 27, 2012

To all Civil Applicant agencies Submitting Fingerprints,

On February 9, 2011, the Federal Bureau of Investigation updated the following policy to read that agencies must have the full consent of the individual; to whom a finger print-based background check is taking place. In the past, this has been a “best business” practice.

5.1.1.6 Agency User Agreements

A NCJA (public) designated to request civil fingerprint-based background checks, with the full consent of the individual to whom a background check is taking place, for noncriminal justice functions, shall be eligible for access to CJI. Access shall be permitted when such designation is authorized pursuant to federal law or state statute approved by the U.S. Attorney General. An NCJA (public) receiving access to FBI CJIS data shall enter into a signed written agreement with the appropriate signatory authority of the CSA/SIB providing the access. An example of a NCJA (public) is a county school board.

A copy of the Nevada Department of Public Safety's approved Civil Applicant Waiver is included for your use. To comply with this new requirement, your agency must have each applicant review and sign the Civil Applicant Waiver. The signed waivers must be retained by your agency for audit purposes.

If you have any questions regarding this requirement, please contact the following:

Larry (775) 684-6245 or lluterick@dps.state.nv.us
Julie (775) 684-6226 or jornellas@dps.state.nv.us

Sincerely,

Dianne Draper
Program Development & Compliance
NCJIS Program Specialist Supervisor



CIVIL APPLICANT WAIVER

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the following:

1. I hereby authorize (enter name of submitting agency) _____, to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing Nevada and National criminal history records that may pertain to me.
In giving this authorization, I expressly understand that the information may include information pertaining to notations of arrest, detainments, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable. Further, I understand that the information may include similar information obtained from other local, state and federal criminal justice agencies and may include information pertaining to convicted person data, outstanding arrest warrants, missing persons.
2. **In giving the above authorization, I understand that all information provided to the submitting agency may be reviewed by the submitting agency or any other employee within the submitting agency's organization deemed necessary to make an informed decision. This information is confidential, as relating to a third party beyond that of the submitting agency's company and/or its subsidiary company(s) and of criminal justice agencies in the performance of their official duties, and may not be further disseminated.** (Please initial) _____
3. I understand that I may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency, and that the proper forms and procedures will be furnished to me by the Nevada Department of Public Safety Records Bureau upon request.
4. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

Applicant's Name: _____
(PLEASE PRINT LAST, FIRST, MIDDLE)

Address: _____

Applicant's Signature: _____

Date: _____

Submitting Agency: _____

Address: _____

Agency representative: _____
(PLEASE PRINT LAST, FIRST, MIDDLE)

Agency representative's Signature: _____

Date: _____